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| . (37 CFR 1.16(a)) | | | NUMBER EX | IRA | RAT | FEE FEE | | | T- |
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| (37 CFR 1.16(b)) | | minus 3 = | | | X1_ | | OR | x | |
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| * If the difference in o | olumn 1 is less that | sero, enler or i | in column 2 | | | + | OR | +3 | |
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| 18/ IT | CLAIMS . | HIGH | . (00.0) | nn 3) | · SMALI | . ENTITY | OR | OTHER | THAN |
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on the amount of time you require to complete this form and/or suggestions for reducing this binden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

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